MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11062

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:
COUNTY Dorchester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge 13
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cambridge Maryland Hosp. 20

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Dor.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge 13
STREET ADDRESS (If rural give location) RFD

3. NAME OF DECEASED: (Type or Print) (First) CONNIE (Middle) LEE (Last) AARON
4. DATE OF DEATH: (Month) NOV (Day) 23 (Year) 1953
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 3-31-1953
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months 7 Days 22 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Not Known
14. MOTHER'S MAIDEN NAME: Doris Aaron
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT & ADDRESS: William O. Moore: Cambridge RFD Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Virus infection acute — Interval Between Onset And Death 4 days.
DUE TO
Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
(c)

096.9

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/22, 1953, to 11/23, 1953, that I last saw the deceased alive on 11/23, 1953, and that death occurred at 11/24, from the causes and on the date stated above.
SIGNATURE (Degree or title) W. J. Clarke M.D. ADDRESS Cambridge Md DATE SIGNED 11/24/53.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 11-24-1953
NAME OF CEMETERY OR CREMATORY Dorchester Memorial Park:
LOCATION (City, town, or county) (State) Cambridge, Maryland
DATE REC'D BY LOCAL REGISTRAR 11/27/53
REGISTRAR'S SIGNATURE John Moore Jr. M.D.
24. FUNERAL DIRECTOR LeCompte Funeral Service ADDRESS Cambridge, Maryland

2033151405

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 2 1933
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11063

CERTIFICATE OF DEATH

Reg. Dist. No. 115

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Dorchester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crapo X
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS P.O. X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Dor
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crapo X
STREET ADDRESS (If rural give location) P.O.

3. NAME OF DECEASED: (Type or Print) (First) ARIANNA (Middle) - (Last) ANDREWS

4. DATE OF DEATH: (Month) NOV (Day) 11 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow Married

8. DATE OF BIRTH: 7-28-1877

9. AGE last birthday: 76 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Carbin W. Insley

14. MOTHER'S MAIDEN NAME: Arianna Mister

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: William P Andrews: Crapo, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Bronco-Pneumonia	3 days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO	(b) Cardio-Renal - Vascular disease	10 yrs.
DUE TO	(c) Diabetes Mell.	15 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: no — **19b. MAJOR FINDINGS OF OPERATION** no — **20. AUTOPSY?** Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) no — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) no m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1953 to Nov 11, 1953, that I last saw the deceased alive on Nov 10, 1953, and that death occurred at 10:50 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) James W. Meade M.D. — ADDRESS Fishing Creek, Md — DATE SIGNED Nov 13/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 11-13-1953 — NAME OF CEMETERY OR CREMATORY Crapo Church Cemetery — LOCATION (City, town, or county) Crapo, Maryland (State)

DATE REC'D BY LOCAL REGISTRAR 11-23-53 — REGISTRAR'S SIGNATURE J W Meade

24. FUNERAL DIRECTOR LeCompte Funeral Service — ADDRESS Cambridge, Maryland

James W. Meade M.D.

RECEIVED
NOV 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11064

CERTIFICATE OF DEATH

Reg. Dist. No. 116

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Dorchester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge 13
LENGTH OF STAY (in this place) 1 week
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cambridge Maryland Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Dor.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge 13
STREET ADDRESS (If rural give location) 2 Choptank Avenue

3. NAME OF DECEASED: (Type or Print) (First) THEODORE (Middle) JOSEPH (Last) ARTER
4. DATE OF DEATH: (Month) NOV (Day) 16 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 3-22-1867
9. AGE last birthday: 86 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Executive
10b. KIND OF BUSINESS OR INDUSTRY: Standard Oil Co.
11. BIRTHPLACE (State or foreign country): Ohio
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Theodore Arter
14. MOTHER'S MAIDEN NAME: Susan Pritchard
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) unknown (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT & ADDRESS: A.A.Arter: Lockhaven, Pennsylvania

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

450.1
Immediate cause (a) Gangrene & Infection Rt lower limb — 13 days
DUE TO
Antecedent causes (b) Arteriosclerotic Cardiovascular disease — years
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO
(c) Poor kidney function

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Poor Kidney function

19a. DATE OF OPERATION: 11-3-53
19b. MAJOR FINDINGS OF OPERATION: Sclerosis vessels -
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-22, 1953, to 11-16, 1953, that I last saw the deceased alive on 11-16, 1953, and that death occurred at 2:35 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Wilbur X. Bowman M.D. 3 Church St. Nov 19 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 11-19-1953
NAME OF CEMETERY OR CREMATORY Edgewood Cemetery
LOCATION (City, town, or county) (State) Ashtabula, Ohio
DATE REC'D BY LOCAL REGISTRAR 11-19-53
REGISTRAR'S SIGNATURE John Macy Jr M D
24. FUNERAL DIRECTOR ADDRESS
LeCompte Funeral Service
Cambridge, Maryland

VS. 415

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NOV 27 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

11066

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Dorchester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
LENGTH OF STAY (In this place) 20 minutes
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cambridge Maryland Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Madison
STREET ADDRESS (If rural, give location) P.O.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
FREDERICK	A.	BRAMBLE	NOV	25	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White	Seperated	11-11-1885	68 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Farmer	Own General Farm	Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Goodman Bramble	Sarah Jane Asplen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
unknown	none	Mrs. Soloman Bramble: Woolford, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause (a) Coronary occlusion	2 Hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE John Mace Jr. M.D. (Degree or title) — ADDRESS Dorchester County M. D. Medical Examiner Cambridge, Maryland — DATE SIGNED 11-27-53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11-28-1953	Cambridge Cemetery	Cambridge, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR — ADDRESS
11/27/53	John Mace Jr. M.D.	LeCompte Funeral Service Cambridge, Maryland

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

11065

Reg. Dist. No. 116

M

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully.

1

1. PLACE OF DEATH: COUNTY: Dorchester; STATE: MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cambridge 13; LENGTH OF STAY (In this place): 21 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cambridge 12
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Cambridge Maryland Hosp. 39	STREET ADDRESS (If rural, give location): 501 Race Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
FANNIE	JANE	BRAMBLE	NOV	25	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed	8-21-1867	86 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Levi T. Bramble	Matilda Mills

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
no	none	Mrs. Otto Robinson, Cambridge, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
903.0 Immediate cause	(a) Myocardial failure	1 week
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Intratrochanteric fracture femur	3 weeks
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
11/10/53	Intratrochanteric fracture l.femur	Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home	(CITY OR TOWN): Cambridge	(COUNTY): Dor.	(STATE): Md.
TIME OF INJURY (Month) (Day) (Year) (Hour): 11 - 4 - 53 4 p.m.	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR? Slipped and fell on floor.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John Mace Jr.	M. D.	Dorchester County Medical Examiner Cambridge, Maryland	11-27-53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11-29-1953	Allen Church Cemetery	Allen, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/27/53	John Mace Jr. M.D.	LeCompte Funeral Service	Cambridge, Maryland

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NOV 30 1953
BUREAU V. S.

11067

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge — LENGTH OF STAY (in this place) 1 HOUR	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CAMBRIDGE
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cambridge Md. Hospital	STREET ADDRESS (If rural, give location) 410 HIGH STREET

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): ELNORA WANGUS BRISCOE

4. DATE OF DEATH (Month) (Day) (Year): Nov 13 1953

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: 9 March 1902

9. AGE last birthday: 51 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: unemployed

11. BIRTHPLACE (State or foreign country): Pennsylvania 3

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: George Briscoe

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT: HORACE PHILLIPS, CAMBRIDGE, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

44 ST

Immediate cause (a) Cardiac decompensation

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive cardiovascular disease

(c)

INTERVAL BETWEEN ONSET AND DEATH: approx. 9 mos. more than 2 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1953, to 13 Nov, 1953, that I last saw the deceased alive on 13 Nov, 1953, and that death occurred at 4 50 P m., from the causes and on the date stated above.

SIGNATURE: Edwin Fassett (Degree or title) M.D. — ADDRESS: Cambridge — DATE SIGNED: 13 Nov 53

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL — DATE: Nov. 16, 1953 — NAME OF CEMETERY OR CREMATORY: RHODESDALE CEMETERY — LOCATION (City, town, or county) (State): RHODESDALE, MARYLAND

DATE REC'D BY LOCAL REG.: 11-16-53 — REGISTRAR'S SIGNATURE: John Mace Jr. M.D. — 24. FUNERAL DIRECTOR: J.J. FRAMPTOM + SON — ADDRESS: FEDERALSBURG, MD.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

V 15

RECEIVED
NOV 1 1 1983
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11368

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:
COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge 13
LENGTH OF STAY (in this place) 3 yrs, 10 Mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eastern Shore State Hosp. 12

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greensboro
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Lewis (Middle) (Last) Brogley

4. DATE OF DEATH: (Month) Nov. (Day) 1 (Year) 1953

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Wid
8. DATE OF BIRTH: 1873
9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Unknown
10b. KIND OF BUSINESS OR INDUSTRY: Unknown
11. BIRTHPLACE (State or foreign country): Unknown
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk. (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary Thrombosis — Interval Between Onset And Death: Unk.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) General Arteriosclerosis — Unk

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) none
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 14, 1952, to Nov 1, 1953, that I last saw the deceased alive on Oct. 31, 1953, and that death occurred at 8 50 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
[illegible] Dredge MD R-2 Cambridge Md Nov 1 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Bx
DATE THEREOF Nov 4 1953
NAME OF CEMETERY OR CREMATORY Hol. [illegible]
LOCATION (City, town, or county) Greensboro (State) Md.
DATE REC'D BY LOCAL REGISTRAR 11-2-53
REGISTRAR'S SIGNATURE John Mace Jr MD
24. FUNERAL DIRECTOR John E. Boyle ADDRESS Greensboro Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS/A15

RECEIVED
NOV
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1953

CERTIFICATE OF DEATH

Reg. Dist. No. 110

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Hurlock
LENGTH OF STAY (In this place) 30 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS ——— x

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hurlock
STREET ADDRESS (If rural, give location) Academy St

3. NAME OF DECEASED: (Type or Print) (First) Etta (Middle) Wright (Last) Charles

4. DATE OF DEATH: (Month) 11 (Day) 13 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 1/1/1884

9. AGE last birthday: 69 yrs.
IF UNDER 1 YEAR: Months ___ Days ___
IF UNDER 24 HRS: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): New Jersey

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Wright

14. MOTHER'S MAIDEN NAME: Louise Wright

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ___ (If Yes, give war or dates of service) ___

16. SOCIAL SECURITY NO.: ___

17. INFORMANT & ADDRESS: Mrs. Katherine Dunphy Cousin Hurlock, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
420.1 Immediate cause	(a) Coronary Thrombosis	1 hour
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) General Arteriosclerosis	1 yr +
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: ___ **19b. MAJOR FINDINGS OF OPERATION:** ___ **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) ___ PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY ___ (CITY OR TOWN) ___ (COUNTY) ___ (STATE) ___

TIME OF INJURY (Month) ___ (Day) ___ (Year) ___ (Hour) ___ M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR? ___

22. I hereby certify that I attended the deceased from October, 1953, to Nov. 13, 1953, that I last saw the deceased alive on Nov. 11, 1953, and that death occurred at 6 ... m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) W C Harmon MD ADDRESS Hurlock Md DATE SIGNED 11/14/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | **DATE THEREOF** 11/16/53 | **NAME OF CEMETERY OR CREMATORY** Washington | **LOCATION** (City, town, or county) Hurlock, (State) Md.

DATE REC'D BY LOCAL REG. Nov 16-1953 | **REGISTRAR'S SIGNATURE** Chas. O. Hastings | **24. FUNERAL DIRECTOR** H. B. Willoughby | **ADDRESS** Hurlock Md

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 116

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
LENGTH OF STAY (in this place) 2 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cambridge Maryland Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dor.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
STREET ADDRESS (If rural, give location) 203 Hayward Street

3. NAME OF DECEASED (Type or Print) (First) HOWARD (Middle) L. (Last) COLEMAN JR.
4. DATE OF DEATH (Month) 11 (Day) 20 (Year) 1953
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 9-1-1918
9. AGE last birthday 35 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chauffer
10b. KIND OF BUSINESS OR INDUSTRY Wholesale Hardware
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Howard L Coleman
14. MOTHER'S MAIDEN NAME Clara Skipper
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. not known
17. INFORMANT AND ADDRESS Mrs. Howard Coleman: Cambridge, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

981X

Immediate cause (a) Shock — 4 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Multiple gunshot wounds intestine. — 4 hrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Highway
(CITY OR TOWN) Nr. East New Market (COUNTY) Dor. (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) 11-19-53 11pm.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Shot with pistol.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.*

SIGNATURE John Moore (Degree or title) M.D. Medical Examiner Dorchester county ADDRESS Cambridge, Md. DATE SIGNED 11/23/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 11-23-1953
NAME OF CEMETERY OR CREMATORY Bruceville Cemetery
LOCATION (City, town, or county) Talbot County (State) Md.
DATE REC'D BY LOCAL REG. 11/23/53
REGISTRAR'S SIGNATURE John Moore
24. FUNERAL DIRECTOR LeCompte Funeral Service ADDRESS Cambridge, Maryland

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]71

CERTIFICATE OF DEATH

Reg. Dist. No. 110

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Dorchester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hurlock
LENGTH OF STAY (in this place) 30 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md, COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hurlock
STREET ADDRESS (If rural, give location) Academy St.

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Clayville (Last) Cottman

4. DATE OF DEATH: (Month) 11 (Day) 20 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 11/28/1867

9. AGE last birthday: 85 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edward Clayville

14. MOTHER'S MAIDEN NAME: Sallie Bowen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Mr. W. B. Cottman, Hurlock Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

153X

Immediate cause (a) Chronic Myocardial Degeneration — Interval between onset and death: 6 months

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

(c) Carcinomatosis - intestinal — 6 months+

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1953, to Nov. 19, 1953, that I last saw the deceased alive on Nov. 19, 1953, and that death occurred at 2 P.M., from the causes and on the date stated above.

SIGNATURE W. C. Cottman M.D. (DEGREE OR TITLE) ADDRESS Hurlock Md DATE SIGNED 11/21/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 11/22/53 — NAME OF CEMETERY OR CREMATORY Washington — LOCATION (City, town, or county) Hurlock, Md (State)

DATE REC'D BY LOCAL REG. Nov. 22-53 — REGISTRAR'S SIGNATURE Oswald Harding — **24. FUNERAL DIRECTOR** Keith S. Hellen by — ADDRESS East New Market, Md

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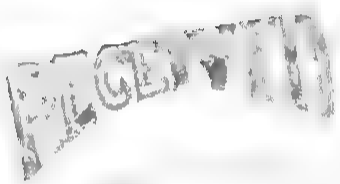

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1953

CERTIFICATE OF DEATH

Reg. Dist. No. 116 ....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1 PLACE OF DEATH:

COUNTY Dorchester — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN rural Cambridge — LENGTH OF STAY (in this place) 34 years

HOSPITAL OR INSTITUTION OR STREET ADDRESS Eastern Shore State Hospital

2 USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland — COUNTY Kent

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall

STREET ADDRESS [redacted] (If rural give location)

3. NAME OF DECEASED: (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
	Louisa	BROWN	CHALK	Nov.	4	1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	white	married	6/2/14	79 yrs.				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country).	12. CITIZEN OF WHAT COUNTRY?
seamstress		Md.	U.S.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Joseph Brown	Elizabeth Chalk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
no	unknown.	Eastern Shore State Hospital records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
420.1 Immediate cause	(a) Coronary occlusion.	Unk.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) ...General Arteriosclerosis. DUE TO	Unk.
	(c) Chronic Myocarditis DUE TO	Unk.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Schizophrenia, Paranoid Type

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Dec. ...., 1952., to Nov. ..., 1953, that I last saw the deceased alive on Nov. 2, 1953, and that death occurred at 3:10 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[redacted]	M.D.	E.S.S.Hospital, Cambridge, Md.	11/4/53

23. BURIAL, CREMATION, REMOVAL. (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11/6/53	Angel Hill Cemetary	Harve de Grace, Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11-4-53	John Mace Jr. M.D.	Pennington Funeral Hme	Harve de Grace, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:
COUNTY Dorchester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cambridge Maryland Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Dor
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge
STREET ADDRESS (If rural give location) 121 Choptank Ave.

3. NAME OF DECEASED: (Type or Print) (First) OLA (Middle) BROWN (Last) CREIGHTON

4. DATE OF DEATH: (Month) NOV (Day) 6 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 12-2-~~1898~~ 1897
9. AGE last birthday: 55 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Bernard Brown
14. MOTHER'S MAIDEN NAME: Anna G. Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of [redacted])
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: Mr. Charles R. Creighton: Cambridge, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 331X (a) Cerebral Hemorrhage — Interval Between Onset And Death: 3 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertension Essential — 8 years

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture Rt shoulder. — 2 wks

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/16, 1947, to 11/6, 1953, that I last saw the deceased alive on 11/6, 1953 and that death occurred at ....., from the causes and on the date stated above.

SIGNATURE W. J. Blanks (Degree or title) M.D. ADDRESS Cambridge Md DATE SIGNED 11/8/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 11-8-1953
NAME OF CEMETERY OR CREMATORY Dorchester Memorial Park: Cambridge, Maryland
LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REGISTRAR 11-8-53
REGISTRAR'S SIGNATURE John Mace Jr. MD
24. FUNERAL DIRECTOR LeCompte Funeral Service
ADDRESS Cambridge, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11074

CERTIFICATE OF DEATH

Reg. Dist. No. 11-6

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Dorchester — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Cambridge 12
LENGTH OF STAY (in this place) 13 yrs. 2 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eastern Shore State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Queen Anne
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cecilton 17-7
STREET ADDRESS (If rural give location) Church Hill, Md.

3. NAME OF DECEASED: (Type or Print) (First) Nannie (Middle) Palmatory (Last) Deans

4. DATE OF DEATH: (Month) Nov. (Day) 22 (Year) 19 53

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Wid.

8. DATE OF BIRTH: March 18, 1873

9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): housework

10b. KIND OF BUSINESS OR INDUSTRY: --

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Benjamin Franklin Palmatory

14. MOTHER'S MAIDEN NAME: Rosa Belle Bellknap

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) -- (If Yes, give war or dates of service) --

16. SOCIAL SECURITY NO.: --

17. INFORMANT & ADDRESS: Maryland Eastern Shore State Hospital, Cambridge,

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO: Chronic Myocarditis — Interval Between Onset And Death: --

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO: Cerebral Arteriosclerosis — Interval Between Onset And Death: --

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. --

19a. DATE OF OPERATION: --

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) --

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) --

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 14, 1952, to Nov 22, 1953, that I last saw the deceased alive on Nov. 22, 19 53 and that death occurred at 11:00 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Thomas J. Dodge MD — ADDRESS Cambridge, Md. — DATE SIGNED Nov. 22, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Nov. 25 53 — NAME OF CEMETERY OR CREMATORY Church Yard — LOCATION (City, town, or county) Church Hill (State) Md.

DATE REC'D BY LOCAL REGISTRAR 11/23/53 — REGISTRAR'S SIGNATURE John Macdonald MD — 24. FUNERAL DIRECTOR Signed Dickerson Funeral Home — ADDRESS Church Hill, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

11075

Reg. Dist. No. 116

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1 PLACE OF DEATH:
COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge 12
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cambridge Maryland Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Dor
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jacktown
STREET ADDRESS (If rural give location) Near Cambridge

3. NAME OF DECEASED: (Type or Print) (First) NORMA (Middle) LEE (Last) DRYDEN

4. DATE OF DEATH: (Month) NOV (Day) 19 (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 7-9-1953

9. AGE last birthday: yrs. IF UNDER 1 YEAR Months 4 Days 10 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11 BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Clarence E. Dryden

14. MOTHER'S MAIDEN NAME: Helen Dryden

15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: Mrs. Helen Dryden: Jacktown, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Aspiration of Vomitus — Interval Between Onset And Death: one half hour

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Pneumonia — 24 hrs
DUE TO (c) Malnutrition — 3 mos

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 1, 1953, to Nov 19, 1953, that I last saw the deceased alive on Nov 19, 1953, and that death occurred at 10:30PM, from the causes and on the date stated above.

SIGNATURE Wilbur H. Baumann (Degree or title) M.D. ADDRESS 3 Church St DATE SIGNED Nov. 21, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 11-20-1953 NAME OF CEMETERY OR CREMATORY Dorchester Memorial Park: LOCATION (City, town, or county) Cambridge, Maryland (State)

DATE REC'D BY LOCAL REGISTRAR 11-20-53 REGISTRAR'S SIGNATURE John Dryden Jr MD

24. FUNERAL DIRECTOR LeCompte Funeral Service ADDRESS Cambridge, Maryland

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11076

CERTIFICATE OF DEATH

Reg. Dist. No. 116

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge 13
LENGTH OF STAY (in this place) 4 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenbourn Convelesent Home 60

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Dor.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
STREET ADDRESS (If rural give location) Locust Street

3. NAME OF DECEASED: (Type or Print) (First) DURAND (Middle) H. (Last) HASTINGS

4. DATE OF DEATH: (Month) NOV (Day) 1 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 6-15-1875

9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Owner-Operator

10b. KIND OF BUSINESS OR INDUSTRY: Retail Tire Company

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Leonard Hastings

14. MOTHER'S MAIDEN NAME: Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) unknown (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Mrs. May S. Hastings: Cambridge, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

434.1

Immediate cause (a) CONGESTIVE HEART FAILURE — Interval Between Onset And Death: 3 MONTHS

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 25 SEPT, 1953 to 1 NOV., 1953, that I last saw the deceased alive on 30 OCT., 1953, and that death occurred at 3 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Walter E. Hemby Jr M.D. ADDRESS Cambridge Md. DATE SIGNED 2 Nov. 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 11-3-1953

NAME OF CEMETERY OR CREMATORY Wesley Chapel Cemetery

LOCATION (City, town, or county) (State) Rock Hall Maryland

DATE REC'D BY LOCAL REGISTRAR 11-3-53

REGISTRAR'S SIGNATURE John Mace Jr. M.D.

24. FUNERAL DIRECTOR ADDRESS LeCompte Funeral Service Cambridge, Maryland

RECEIVED
NOV 4 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11072

CERTIFICATE OF DEATH

Reg. Dist. No. 116

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important: Physicians: please write the causes of death clearly and legibly.

VS. 416

1. PLACE OF DEATH:
COUNTY: Dorchester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cambridge
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 65 Douglas Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Dor.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cambridge
STREET ADDRESS (If rural give location): 65 Douglass Street

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) ELEANOR (Last) JEWS

4. DATE OF DEATH: (Month) Nov. (Day) 30, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Dec. 18, 1879

9. AGE last birthday: 73 yrs. — IF UNDER 1 YEAR: Months 11 Days 12 — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Dorchester County, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George S. Bennett, Sr.

14. MOTHER'S MAIDEN NAME: Mary E. Bennett

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.): 1 — (If Yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 218-20-8095

17. INFORMANT & ADDRESS: Charles M. Jews, Cambridge, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4437

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset And Death: 8 hrs

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertensive Cardiovascular Disease

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — **19b. MAJOR FINDINGS OF OPERATION** — **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept., 1952 to 30 Nov., 1953, that I last saw the deceased alive on 30 Nov. 1953 and that death occurred at 11:30 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 12/3/1953 — NAME OF CEMETERY OR CREMATORY: Bethel Cemetery — LOCATION (City, town, or county) (State): Cambridge, Maryland

DATE REC'D BY LOCAL REGISTRAR: 12/3/53 — REGISTRAR'S SIGNATURE: John Mace Jr. M.D.

24. FUNERAL DIRECTOR — ADDRESS: Herbert M. St. Clair, Jr., Cambridge, Md.

RECEIVED
DEC 7
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11678

CERTIFICATE OF DEATH

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. 215

1. PLACE OF DEATH:
COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge / LENGTH OF STAY (in this place) 57 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 106 Choptank Avenue X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Dor.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
STREET ADDRESS (If rural give location) 106 Choptank Avenue

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) ELIZABETH REID (Last) LEONARD

4. DATE OF DEATH: (Month) NOV (Day) 12 (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 5-10-1881

9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Philadelphia, Penna.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Reid

14. MOTHER'S MAIDEN NAME: Mary E.

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: James C. Leonard Cambridge, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary occlusion — Interval Between Onset And Death: 10 min

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Coronary Heart Disease — 1 yr.

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: ✓ 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/3, 19 53, to 11/12, 19 53, that I last saw the deceased alive on 11/11, 19 53, and that death occurred at 7.30 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Laurence Margarow, M.D ADDRESS Cambridge Md DATE SIGNED 11/16/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 11-14-1953 NAME OF CEMETERY OR CREMATORY Dorchester Memorial Park: LOCATION (City, town, or county) Cambridge, Maryland (State)

DATE REC'D BY LOCAL REGISTRAR 11-16-53 REGISTRAR'S SIGNATURE John Mace Jr. MD

24. FUNERAL DIRECTOR LeCompte Funeral Service ADDRESS Cambridge, Maryland

RECEIVED
NOV 13 3
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]79

CERTIFICATE OF DEATH

Reg. Dist. No. 110

1. PLACE OF DEATH:
COUNTY Dorchester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rhodesdale - Rural X
LENGTH OF STAY (in this place) 4 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Brookview X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Dorchester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rhodesdale - Rural X
STREET ADDRESS (If rural give location) Brookview

3. NAME OF DECEASED: (Type or Print) (First) Estella (Middle) L. (Last) Massey

4. DATE OF DEATH: (Month) November (Day) 12 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: October 4, 1864

9. AGE last birthday: 88 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Dorchester Co., Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Noble H. Collins

14. MOTHER'S MAIDEN NAME: Sarah Bell

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs. Lester Murphy, Rhodesdale, Md., [illegible]

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

421.4 Immediate cause (a) Chronic Valvular Disease Cardiac — Interval Between Onset And Death: 15 years

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arterio-sclerosis — 15 years

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1948, to Nov 12, 1953, that I last saw the deceased alive on Nov 11, 1953 and that death occurred at 1 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) H. S. Kuhlman M.D. ADDRESS Sharpton Md DATE SIGNED 11/14/53

23. BURIAL, CREMATION, REMOVAL (Specify) [illegible]

DATE THEREOF Nov. 1, 19[illegible]

NAME OF CEMETERY OR CREMATORY Brookview Cemetery

LOCATION (City, town, or county) (State) Brookview, Maryland

DATE REC'D BY LOCAL REGISTRAR Nov 14-1953

REGISTRAR'S SIGNATURE Chas W Hastings

24. FUNERAL DIRECTOR J. J. Frampton and Son, Federalsburg, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1080

CERTIFICATE OF DEATH

Reg. Dist. No. 116

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15T

1. PLACE OF DEATH:
COUNTY Dorchester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge 13 | LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 21 Cambridge Maryland Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Dor.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Church Creek
STREET ADDRESS (If rural give location) P.O.

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) EDWARD (Last) MEEKINS

4. DATE OF DEATH: (Month) NOV (Day) 15 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 9-13-1879

9. AGE last birthday: 74 yrs. | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS: Hours | Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Janitor

10b. KIND OF BUSINESS OR INDUSTRY: School

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry C. Meekins

14. MOTHER'S MAIDEN NAME: Sarah C. Gore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) unknown | (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Mrs. Sarah Handley: Church Creek, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) Pulmonary embolism — Interval Between Onset And Death: 5 min

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Cardiac decompensation — 1 week

DUE TO (c) Incarcerated R. inguinal hernia — 1 week

561.0

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 11/10/53

19b. MAJOR FINDINGS OF OPERATION: Incarcerated R. inguinal hernia

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 10, 1953, to Nov 15, 19 53, that I last saw the deceased alive on Nov 15, 1953, and that death occurred at 1 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Arthur R. Maryman M.D — ADDRESS 136 Race St Cambridge — DATE SIGNED 11/19/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 11-17-1953 | NAME OF CEMETERY OR CREMATORY Old Trinity Cemetery | LOCATION (City, town, or county) Church Creek, Maryland (State)

DATE REC'D BY LOCAL REGISTRAR 11/19/53 | REGISTRAR'S SIGNATURE John Mace Jr MD

24. FUNERAL DIRECTOR — ADDRESS: LeCompte Funeral Service, Cambridge, Maryland

RECEIVED
NOV 2
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11081

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH COUNTY Dorchester MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge | LENGTH OF STAY (in this place) 2 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Cambridge Md

2. USUAL RESIDENCE (HOME) OF DECEASED STATE Md COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Betty (Middle) Marie (Last) Morgan

4. DATE OF DEATH (Month) 11 (Day) 29 (Year) 1953

5. SEX Female | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH 11/27/53 | 9. AGE last birthday — yrs. | If under 1 year Months | Days 2 | If under 24 hrs. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Ernest Morgan | 14. MOTHER'S MAIDEN NAME Lena Wilkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT Ernest Morgan, Secretary Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

754.4 Immediate cause (a) Congenital Heart Disease 2 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/27, 1953, to 11/29, 1953, that I last saw the deceased alive on 11/29, 1953, and that death occurred at 1:58 A.m., from the causes and on the date stated above.

SIGNATURE Lawrence Maryanov (Degree or title) M.D | ADDRESS Cambridge, Md. | DATE SIGNED 12/1/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 11/30/53 | NAME OF CEMETERY OR CREMATORY East New Market | LOCATION (City, town, or county) East New Market (State) Md

DATE REC'D BY LOCAL REG. 12/1/53 | REGISTRAR'S SIGNATURE John Mace Jr. M.D. | 24. FUNERAL DIRECTOR Ruth S. Hellonghby | ADDRESS East New Market Md.

20 X 3171993

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 4 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11082

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge
LENGTH OF STAY (in this place) 3 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cambridge Maryland Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dor.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Aireys
STREET ADDRESS (If rural give location) Cambridge RFD

3. NAME OF DECEASED: (Type or Print) (First) GEORGE (Middle) B. (Last) NABB
4. DATE OF DEATH: (Month) NOV (Day) 11 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 6-28-1881
9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: General Farm
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John B. Nabb
14. MOTHER'S MAIDEN NAME: Sarah Meredith
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) unknown (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT & ADDRESS: George B. Nabb Jr. Aireys, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset And Death
241.X Immediate cause	(a) DUE TO	Myocardial Failure	1 day
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO	Bronchopneumonia	10 days
	(c)	Bronchial Asthma	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Urinary retention due to prostatic hypertrophy — 1 month

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/16, 1946, to 11/11, 1953 that I last saw the deceased alive on 11/11, 1953, and that death occurred at 10:50 AM from the causes and on the date stated above.

SIGNATURE (Degree or title) [signature] M.D. ADDRESS Cambridge Md DATE SIGNED 11/16/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 11-14-1953
NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery
LOCATION (City, town, or county) (State) Cambridge, Maryland
DATE REC'D BY LOCAL REGISTRAR 11/16/53
REGISTRAR'S SIGNATURE John Mace Jr. M.D.
24. FUNERAL DIRECTOR LeCompte Funeral Service ADDRESS Cambridge, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

NOV
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

1383

Reg. Dist. No. 115

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS enroute to Cambridge Md. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dor.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
STREET ADDRESS (If rural, give location) 508 Pine St., Cambridge

3. NAME OF DECEASED (Type or Print) (First) Walter (Middle) Edward (Last) Pinder
4. DATE OF DEATH (Month) Nov. (Day) 6 (Year) 1953
5. SEX Male
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Apr. 14, 1908
9. AGE last birthday 45 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Various labor
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Otis Pinder
14. MOTHER'S MAIDEN NAME Sarah Demby
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY No. 214-20-5051
17. INFORMANT AND ADDRESS Sarah Pinder Cambridge, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
148 X Immediate cause	(a) Hemorrhage	1 hour
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Neoplasm of pharynx	1 yr.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE John Mace Jr. (Degree or title) Medical Examiner ADDRESS Dorchester County Cambridge, Md. DATE SIGNED Nov. 1953

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 11-10-53
NAME OF CEMETERY OR CREMATORY Waugh Cemetery
LOCATION (City, town, or county) Cambridge, Md. (State)
DATE REC'D BY LOCAL REG. Nov. 10, 53
REGISTRAR'S SIGNATURE John Mace Jr. MD.
24. FUNERAL DIRECTOR Lewis H. Bayhuem ADDRESS Cambridge, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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15A

NOV 16 1953

BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 1108A

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
LENGTH OF STAY (In this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 101 Cemetery Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Dor.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) James
STREET ADDRESS (If rural give location) P.O.

3. NAME OF DECEASED: (Type or Print) (First) ELIZABETH (Middle) ELLEN (Last) SEWARD
4. DATE OF DEATH: (Month) NOV (Day) 26 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 1-9-1872
9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel Phillips
14. MOTHER'S MAIDEN NAME: Elizabeth Hubbary

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT & ADDRESS: Mrs. Ethel Mills; Cambridge RFD, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
Immediate cause (a) Myocardial Failure — Interval Between Onset And Death: 2 days
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Coronary artery Thrombosis — 7 days
DUE TO
(c) Arteriosclerosis Hypertension

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/17, 19 53, to 11/26, 19 53, that I last saw the deceased alive on 11/26, 19 53, and that death occurred at 6 A.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) M.D.
ADDRESS Cambridge, Md.
DATE SIGNED 11/28/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 11-29-1953
NAME OF CEMETERY OR CREMATORY: Speddens Cemetery
LOCATION (City, town, or county) James, Maryland (State)
DATE REC'D BY LOCAL REGISTRAR 11/29/53
REGISTRAR'S SIGNATURE John Mace Jr. M.D.
24. FUNERAL DIRECTOR ADDRESS: LeCompte Funeral Service, Cambridge, Maryland

VS. A15

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11185

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:
COUNTY Dorchester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge
LENGTH OF STAY (in this place) 16 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eastern Shore State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Dorchester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Secretary X
STREET ADDRESS (If rural give location) Ø

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) — (Last) Shimek
4. DATE OF DEATH: (Month) 11 (Day) 10 (Year) 1953

5. SEX: m.
6. COLOR OR RACE: Wh.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S.
8. DATE OF BIRTH: 1879
9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): farmer
10b. KIND OF BUSINESS OR INDUSTRY: farming
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: unk.
14. MOTHER'S MAIDEN NAME: unk.

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16 SOCIAL SECURITY NO.: unk.
17. INFORMANT & ADDRESS: Records: Eastern Shore State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

4220.1 Immediate cause (a) Cardiac Decompensation, acute — 5½ weeks

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arterio-sclerotic Cardio Vascular Disease — Years

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Psychotic Reaction.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10.16, 1953, to 11.10, 1953, that I last saw the deceased alive on 11.10, 1953, and that death occurred at 11.08 p.m., from the causes and on the date stated above.

SIGNATURE Witold V. Winiarz (Degree or title) M.D. ADDRESS Eastern Shore State Hosp. DATE SIGNED 11.10.53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 11/13/53
NAME OF CEMETERY OR CREMATORY Our Lady of Lourdes
LOCATION (City, town, or county) Secretary Md (State)

DATE REC'D BY LOCAL REGISTRAR 11-13-53
REGISTRAR'S SIGNATURE John Mace Jr. M.D.
24. FUNERAL DIRECTOR [illegible] ADDRESS East [illegible] Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

11086

Reg. Dist. No. 116

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS RFD # 3 X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dor.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge
STREET ADDRESS (If rural give location) RFD # 3

3. NAME OF DECEASED: (Type or Print) (First) GRANVILLE (Middle) - (Last) SMITH

4. DATE OF DEATH: (Month) NOV (Day) 4 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 3-14-1879

9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: General Farm

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James S. Smith

14. MOTHER'S MAIDEN NAME: Not Known

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unknown (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 213-24-4517

17. INFORMANT & ADDRESS: Mr. Harry Smith: Cambridge, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

451 X

Immediate cause (a) Myocardial Failure

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Aneurysm Aorta (arch)

DUE TO

(c) Arteriosclerosis

Interval Between Onset And Death: 2 days. Years?

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Psychoses with cerebral arteriosclerosis

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/10, 1946, to 11/4, 1953, that I last saw the deceased alive on 11/4, 1953 and that death occurred at 4 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) M.D. Cambridge Md. ADDRESS DATE SIGNED 11/7/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 11-6-1953

NAME OF CEMETERY OR CREMATORY East New Market Cemetery

LOCATION (City, town, or county) (State) East New Market, Md.

DATE REC'D BY LOCAL REGISTRAR 11-7-53

REGISTRAR'S SIGNATURE John Mace Jr. M.D.

24. FUNERAL DIRECTOR LeCompte Funeral Service ADDRESS Cambridge, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

RECEIVED
1953
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

11087

Reg. Dist. No. 110

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hurlock X
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dor.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hurlock
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) Wood (Last) Stack
4. DATE OF DEATH (Month) Nov. (Day) 30 (Year) 1953

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH 6-21-1885
9. AGE last birthday 68 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming
10b. KIND OF BUSINESS OR INDUSTRY Own farm
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME T. Winifield Stack
14. MOTHER'S MAIDEN NAME Trychenia Lord

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Charles Stack Jr., Hurlock, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

42 m.1

Immediate cause (a) Coronary occlusion — 5 min.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. ☐
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE John Moore Jr. (Degree or title) M. D. ADDRESS Dorchester County Medical Examiner Cambridge, Md. DATE SIGNED 11-30-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 12-2-53
NAME OF CEMETERY OR CREMATORY Washington Cemetery
LOCATION (City, town, or county) (State) Hurlock, Maryland

DATE REC'D BY LOCAL REG. 11-30-53
REGISTRAR'S SIGNATURE Chas W Hastings
24. FUNERAL DIRECTOR Ruth Willoughby ADDRESS East New Market, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 116

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH: COUNTY Dorchester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Church Creek | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Dor.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Church Creek
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Zelma (Middle) Lee (Last) Travers
4. DATE OF DEATH (Month) Nov. (Day) 23, (Year) 1953
5. SEX: Female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 9-25-53
9. AGE last birthday yrs.: If under 1 year Months 2 | Days | If under 24 hrs. Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Alfred Kolock
14. MOTHER'S MAIDEN NAME: Lulvadia Travers
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT AND ADDRESS: Lulvadia Travers Church Creek, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Interval Between Onset and Death
Immediate cause	(a) Toxemia	1 day
Antecedent cause(s) Disease or condition, if any, giving rise to the above cause stating the underlying cause last	(b) Severe respiratory infection	2 days
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE John Mace Jr. M.D. (Degree or title) ADDRESS Dorchester County Medical Examiner Cambridge, Md. DATE SIGNED 11-24-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF 11-26-53 | NAME OF CEMETERY OR CREMATORY Warfield Cemetery | LOCATION (City, town, or county) (State) Church Creek, Maryland

DATE REC'D BY LOCAL REG. 11-25-53 | REGISTRAR'S SIGNATURE John Mace Jr. M.D | 24. FUNERAL DIRECTOR ADDRESS Lewis H. Baynuem, Cambridge, Md.

4093202384

BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11089

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:
COUNTY Dorchester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge 12
LENGTH OF STAY (in this place) 50 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cambridge-Maryland Hospital 20

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Dor.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge 1
STREET ADDRESS (If rural give location) 109 Locust St.

3. NAME OF DECEASED: (Type or Print) (First) Edith (Middle) Hayward (Last) Trego
4. DATE OF DEATH: (Month) Nov. (Day) 30 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH: Sept. 1, 1890
9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired Homemaker
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Wingate, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Zebedee Hayward
14. MOTHER'S MAIDEN NAME: Jane Hart

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Armond Hayward 109 Locust St, Camb., Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage / Massive — Interval Between Onset And Death: 3 days

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) with Quadriplegia — 3 days
DUE TO (c) Cardio-Renal-Vascular Disease — 2 yrs.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION none
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) no
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) no
(CITY OR TOWN) no (COUNTY) no (STATE) no
TIME OF INJURY (Month) (Day) (Year) (Hour) no m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? none

22. I hereby certify that I attended the deceased from 11-27, 1953, to 11-30, 1953, that I last saw the deceased alive on 11-3, 1953 and that death occurred at 5:01 P.M., from the causes and on the date stated above.

SIGNATURE Gilbert E. Meeks (Degree or title) M.D. ADDRESS Cambridge Md DATE SIGNED 12-1-1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Dec. 2, 1953
NAME OF CEMETERY OR CREMATORY Cambridge Cemetery
LOCATION (City, town, or county) (State) Cambridge, Md.
DATE REC'D BY LOCAL REGISTRAR 12-3-53
REGISTRAR'S SIGNATURE John Mace Jr. M.D.
24. FUNERAL DIRECTOR Kenneth R. Thomas, Cambridge, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 7 1 53
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

11090

Reg. Dist. No. 116

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Dorchester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
LENGTH OF STAY (In this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cambridge Maryland Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dor.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
STREET ADDRESS (If rural, give location) 15 Light Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
B.	RUSSELL	TURNER	NOV	27	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	4-23-1906	46 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Cabinet Maker	Lumber Company	Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Benjamin Turner	Mary Elzey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
unknown	214-07-7314	Mrs. Helen Turner: Cambridge, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
4927 Immediate cause (a) Pneumonitis (Etiology unknown)	?
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	
(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John Mace Jr.	M. D.	Dorchester County Medical Examiner	Cambridge, Md. 11-29-53

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11-30-1953	Dorchester Memorial Park:	Cambridge, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
11-30-53	John Mace Jr. M.D.	LeCompte Funeral Service Cambridge, Maryland

A15A

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VS. A15A - 5 - 53

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The corr
age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 111

1. PLACE OF DEATH:
COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN near Hurlock
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Florida COUNTY 48X-3
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Tampa
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Sebron (Middle) C. Brown (Last) Williams

4. DATE OF DEATH (Month) Nov. (Day) 19 (Year) 19 53

5. SEX: MALE male

6. COLOR OR RACE: negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): unk.

8. DATE OF BIRTH: unk.

9. AGE last birthday: 23 yrs.

IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): migrant laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): unk.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) unknown (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: unknown

17. INFORMANT & ADDRESS: State Police Barracks, Easton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 795.3

Immediate cause (a) unknown — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) — DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☒.

SIGNATURE John Mocé Jr. M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 5-25-54

23. BURIAL, CREMATION, REMOVAL (Specify): Removal

DATE THEREOF 11-10-1953 NAME OF CEMETERY OR CREMATORY The Smithsonian Institute LOCATION (City, town, or county) Washington, D. C. (State)

DATE REC'D BY LOCAL REG. 5-29-54

REGISTRAR'S SIGNATURE Elizabeth C. Smith

24. FUNERAL DIRECTOR' ADDRESS

A skeleton was found and was sent to the Smithsonian Institute for identification purposes. Cause of death could not be determined, and no more statistics could be obtained. Telephone call from Dr. Fisher's office - 6/4/54 - mnb

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JUN 3 1954
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